# Conditions Reportable by Directors of Laboratories in Virginia

Reporting of evidence of the following conditions by laboratory directors is required by state law in Virginia (Section 32.1-36 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the *Virginia Administrative Code)*. Conditions identified by an asterisk (*) require rapid communication to the local health department within 24 hours. Laboratory findings for other conditions should be reported within three days. For conditions marked with ¶, laboratories must submit an isolate to the Virginia Division of Consolidated Laboratories (DCLS) on positive culture in addition to notifying the local health department.

| Condition | Method of Detection |
|---|---|
| Amebiasis | Microscopic examination, culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| *Anthrax | Culture, antigen detection, or nucleic acid detection ¶ |
| Arboviral infection | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| *Botulism | Culture or identification of toxin in a clinical specimen |
| *Brucellosis | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| Campylobacteriosis | Culture |
| Chancroid | Culture, antigen detection, or nucleic acid detection |
| Chickenpox (varicella) | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| *Chlamydia trachomatis* infection | Culture, antigen detection, nucleic acid detection, or, for lymphogranuloma venereum, serologic results consistent with recent infection |
| *Cholera | Culture or serologic results consistent with recent infection ¶ |
| Creutzfeldt-Jakob disease if <55 years of age | Presumptive diagnosis by histopathology in patients under the age of 55 years |
| Cryptosporidiosis | Microscopic examination, antigen detection, or nucleic acid detection |
| Cyclosporiasis | Microscopic examination or nucleic acid detection |
| *Diphtheria | Culture ¶ |
| Ehrlichiosis | Culture, nucleic acid detection, or serologic results consistent with recent infection |
| *Escherichia coli* infection, Shiga toxin-producing | Culture of *E. coli* O157 or other Shiga toxin-producing *E. coli*, Shiga toxin detection (e.g., EIA), or nucleic acid detection ¶ (see footnote # below) |
| Giardiasis | Microscopic examination or antigen detection |
| Gonorrhea | Microscopic examination of a urethral smear specimen (males only), culture, antigen detection, or nucleic acid detection |
| **Haemophilus influenzae* infection, invasive | Culture, antigen detection, or nucleic acid detection from a normally sterile site ¶ |
| Hantavirus pulmonary syndrome | Antigen detection (immunohistochemistry), nucleic acid detection, or serologic results consistent with recent infection |
| *Hepatitis A | Detection of IgM antibodies |
| Hepatitis B (acute and chronic) | Detection of HBsAg or IgM antibodies |
| Hepatitis C (acute and chronic) | Hepatitis C virus antibody (anti-HCV) screening test positive with a signal-to-cutoff ratio predictive of a true positive as determined for the particular assay as defined CDC, HCV antibody positive immunoblot (RIBA), or HCV RNA positive nucleic acid test. For all hepatitis C patients, also report available results of serum alanine aminotransferase (ALT), anti-HAV IgM, anti-HBc IgM, and HBsAg |
| Human immunodeficiency virus infection | Culture, antigen detection, nucleic acid detection, or detection of antibody confirmed with a supplemental test. For HIV-infected patients, report all results of CD4 and HIV viral load tests. |
| Influenza | Culture, antigen detection by direct fluorescent antibody (DFA), or nucleic acid detection |
| Lead-elevated blood levels | Blood lead level greater than or equal to 10 µg/dl in children ages 0-15 years, or greater than or equal to 25 µg/dl in persons older than 15 years of age |
| Legionellosis | Culture, antigen detection (including urinary antigen), nucleic acid detection, or serologic results consistent with recent infection |
| Listeriosis | Culture ¶ |
| Malaria | Microscopic examination, antigen detection, or nucleic acid detection |
| *Measles (rubeola) | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |

| Condition | Method of Detection |
|---|---|
| *Meningococcal disease | Culture or antigen detection from a normally sterile site I |
| *Monkeypox | Culture or nucleic acid detection |
| Mumps | Culture, nucleic acid detection, or serologic results consistent with recent infection |
| *Mycobacterial diseases | Report any of the following:<br>1. Acid fast bacilli by microscopic examination;<br>2. Mycobacterial identification - preliminary and final identification by culture or nucleic acid detection;<br>3. Drug susceptibility test results for *M. tuberculosis*.<br>I (see footnote ~ below) |
| *Pertussis | Culture, antigen detection, or nucleic acid detection |
| *Plague | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| *Poliomyelitis | Culture I |
| *Psittacosis | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| *Q fever | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| *Rabies, human and animal | Culture, antigen detection by direct fluorescent antibody test, nucleic acid detection, or, for humans only, serologic results consistent with recent infection |
| Rocky Mountain spotted fever | Culture, antigen detection (including immunohistochemical staining), nucleic acid detection, or serologic results consistent with recent infection |
| *Rubella | Culture, nucleic acid detection, or serologic results consistent with recent infection |
| Salmonellosis | Culture I |
| *Severe acute respiratory syndrome | Culture, nucleic acid detection, or serologic results consistent with recent infection |
| Shigellosis | Culture I |
| *Smallpox (variola) | Culture or nucleic acid detection |
| Streptococcal disease, Group A, invasive | Culture from a normally sterile site I |
| *Streptococcus pneumoniae* infection, invasive, in children <5 years of age | Culture from a normally sterile site in a child under the age of five years |
| *Syphilis | Microscopic examination (including dark field), antigen detection (including direct fluorescent antibody), or serology by either treponemal or nontreponemal methods |
| Toxic substance-related illness | Blood or urine laboratory findings above the normal range, including but not limited to heavy metals, pesticides, and industrial-type solvents and gases |
| Trichinosis (trichinellosis) | Microscopic examination of a muscle biopsy or serologic results consistent with recent infection |
| *Tularemia | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| *Typhoid fever | Culture |
| *Vaccinia, disease or adverse event | Culture or nucleic acid detection |
| Vancomycin-intermediate or vancomycin-resistant *Staphylococcus aureus* infection | Antimicrobial susceptibility testing of a *Staphylococcus aureus* isolate, with a vancomycin susceptibility result of intermediate or resistant, cultured from a clinical specimen |
| **Vibrio* infection | Culture |
| *Viral hemorrhagic fever | Culture, antigen detection (including immunohistochemical staining), nucleic acid detection, or serologic results consistent with recent infection |
| *Yellow fever | Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection |
| Yersiniosis | Culture, nucleic acid detection, or serologic results consistent with recent infection I |

# Stool specimens that test positive for Shiga toxin shall be submitted to DCLS for organism identification.

**~** A laboratory identifying *Mycobacterium tuberculosis* complex shall submit a representative and viable sample of the initial culture to DCLS or other laboratory designated by the Board of Health to receive such a specimen.